# P0200055149

| (Re                     | equestor's Name)   |           | _ |
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| (Cr                     | ty/State/Zip/Phone | ÷#)       |   |
| PICK-UP                 | WAIT               | MAIL      |   |
|                         |                    |           |   |
| (Bu                     | siness Entity Nan  | ne)       | - |
| •                       | ,                  | •         |   |
|                         |                    |           | _ |
| (DC                     | ocument Number)    |           |   |
|                         |                    |           |   |
| Certified Copies        | _ Certificates     | of Status | _ |
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| Special Instructions to | Eiling Officer     |           | 7 |
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Office Use Only



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### TRANSMITTAL LETTER

| TO:                     | Amendment Section Division of Corporations   |  |  |
|-------------------------|--|--|--|
| SURJ                    | BODY SOURCE FITNESS CENTER, INC.   |  |  |
| 5056                    | (Name of Corporation)  |  |  |
| DOC                     | UMENT NUMBER: P02000055149   |  |  |
| The e                   | nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing  |  |  |
| Please                  | e return all correspondence concerning this matter to the following:   |  |  |
| ELY                     | SABET MONTANEZ   |  |  |
|                         | (Name of Person)   |  |  |
| TAX                     | DEFENSE CENTER   |  |  |
|                         | (Name of Firm/Company)   |  |  |
| 235                     | 0 W 84th STREET # 18   |  |  |
|                         | (Address)  |  |  |
| HIA                     | LEAH, FL 33016   |  |  |
|                         | (City/State and Zip Code)  |  |  |
| For fu                  | urther information concerning this matter, please call:  |  |  |
| ELY                     | SABET MONTANEZ at ( 305 ) 825-2500 (Area Code & Daytime Telephone Number)  |  |  |
|                         | (Name of Person) (Area Code & Daytime Telephone Number)  |  |  |
| Enclo                   | osed is a check for \$35.00 made payable to the Florida Department of State.   |  |  |
| Amer<br>Divis<br>P.O. I | ing Address: Indirect Section Identify S |  |  |

TO:

## FILED

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

05 APR 25 PM 3: 40

FALLAHASSEE. FLORIDA

| I, ARIEL J. ESTEVEZ                      | , hereby resign as VICE PRESIDENT  |
|--|--|
|  | (Title)  |
| of_BODY SOURCE FITNESS CENT              |  |
| (Name of C                               | orporation)  |
| P02000055149 (Document Number, if known) | corporation organized under the laws of the State of   |
| FLORIDA .                                | and the second s |
| (Sign                                    | ature of resigning officer/director)   |

#### FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314